

INATION RECORD

Application or Docket Number

Effecti	ve October 1, 200		SM	IALL ENTIT	Y		OTHER	THAN	\int
CLAIMS AS FILED - PART I (Column 1) (Column 2)			TY	TYPE			SMALL ENTITY		
	(Column 1)			10/11/2	EE		RATE		_
TAL CLAIMS	NUMBER FILED	NUMBER EXTRA	В	ASIC FEE 3	55.00	ORB	ASIC FEI	1710.0	_
R	7 minus 20=	* /	1 [X\$ 9=		OR	X\$18=		
TAL CHARGEABLE CLAIMS		* /	7 t	X40=		OR	X80=		
EPENDENT CLAIMS		П	7 t	105-		OR	+270=		
JLTIPLE DEPENDENT CLAIM I	PRESENT	The street of	<u> </u>	+135=	45	OR	TOTAL	-	
f the difference in column 1 i	s less than zero, ent	er "0" in column 2		TOTAL	NTITY	OR	OTH	ER THA	N TY
	AMENDED - PA	uniii —/	3)	SMALLE	ADDI-	٦	<u> </u>	AE	DDI-
(Column 1 CLAIMS REMAINING AFTER	NI PRE	GHEST UMBER PRESEN VIOUSLY EXTRA		RATE	TIONAL FEE	1	RATI		NA EE
AMENDMEN		20 =		X\$ 9=		OF	X\$18	B= \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1
Total * /2	Minus **	3 =		X40=		ÖF	X80)=	
Total * 12. Independent * 3 FIRST PRESENTATION OF	HVIII IUS I			105-		OF	+27	0=	
FIRST PRESENTATION OF	MOLTIN			+135= TOTAL				OTAL	
				ADDIT. FEE			, 'ADDII	, FCC 	
(Column	(1)	Column 2) (Colum	nn 3)		ADD	ī-]		W	ADE
CLAIM		HIGHEST NUMBER PRES		RATE	TION.	AL	R/	ATE T	TON FE
M ACTES	۱ (۱۱ ۱۱ ۱۱ ۱۱ ۱۱ ۱۱ ۱۱ ۱۱ ۱۱ ۱۱ ۱۱ ۱۱ ۱	PAID FOR		100	with the late of t	CONTRACTOR STATES	DR X	18=	
Total * / AMENDM Total * / AMENDM Independent *	Minus **			X\$ 9=	-		A STATE OF THE STA	80=	
Independent *	A HVIII IUS I	** =		X40=				CONTRACTOR ATTEM	
Independent * FIRST PRESENTATION	OF MULTIPLE DEPEN	IDENT CLAIM		+135=		Contract Services	OR +	270=	
				TOT.	AL EE		OR _{ADÍ}	OIT. FEE	
		(Column 2) (Col	umn 3)				_		A
(Colur CLA REMA	MS	HIGHEST NUMBER PR	ESENT XTRA	RATI	TIO	DI- NAL EE		RATE	TIC
11 × 1	ER	PAID FOR		X\$ 9			OR	X\$18=	
Total *	Minus	**		1			1 1	X80=	
	Minus	***	Π	X40			OR	070	+
Independent * FIRST PRESENTATION	ON OF MULTIPLE DEP	ENDENT CLAIM		+13	5=		OR	+270= TOTA	+
	ation the entry in colu	mn 2, write "0" in colum	n 3.	20" ADDIT	TAL FEE			ADDIT. FE	E
 If the entry in column 1 is leading to the second of the se	eviously Paid For" IN THI	S SPACE is less than 3 S SPACE is less than 3	, enter "C	nber found in	the appro	priate t	oox in col	umn 1.	
***If the "Highest Number Pr	eviously Paid For" (Total o	r Independent) is the hi	grieat nu				, U.S. DEF		